


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90391 016 ***150.00

DOCUMENT # F34307
 1. Entity Name
CONTINENTAL KITCHENS, INC.



Principal Place of Business Mailing Address
525 ST. JUDES DR **525 ST. JUDES DR**
LONGBOAT KEY, FL 34228 **LONGBOAT KEY, FL 34228**

DO NOT WRITE IN THIS SPACE



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2094596 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CHRISTENSEN, LYNN S
525 ST JUDE DRIVE
LONGBOAT KEY, FL 34228

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTENSEN, HAROLD R 525 ST JUDE DRIVE LONGBOAT KEY, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTENSEN, LYNN S 525 ST JUDE DRIVE LONGBOAT KEY, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CHRISTENSEN, LYNN S 525 ST JUDE DRIVE LONGBOAT KEY, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lynn S Christensen 3-27-06 941-383-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #